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The Power of Service Work: Developing a Consumer Volunteer Program for the House of Hope, Inc



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Statement of the Problem

House of Hope, Inc. (HOH) is a rural residential chemical dependency treatment center serving adults over the age of 18. HOH is a non-profit non-sectarian agency. Many clients at HOH have a dual diagnosis of chemical dependency and mental illness. Consumers at HOH are encouraged to volunteer, but are given limited support to do so. They have several hours in their day where there is no programming, and many consumers feel bored and unproductive. The literature suggests that there is a relationship between volunteer work carried out by consumers and their personal feelings of empowerment (Cohen, 2009). Consumers' feelings of empowerment are higher among clients acting as volunteers than among clients not acting as volunteers (Cohen, 2009). The following research was conducted to develop an appropriate model for volunteer programming at a residential treatment setting such as the House of Hope, Inc.

Research Question

What are the necessary programmatic components for developing a consumer-based volunteer program for adults with chemical dependency issues in a residential treatment setting?

Methodology

A systematic review of the literature was conducted using databases that included: Academic Search Premier, ERIC, SAGE Premier, Social Service Abstract, Science Direct, and Google Scholar. Key search terms included "Clubhouse Models", "Volunteering", "Residential Treatment Centers", "Service", and "Empowerment". The literature was analyzed for common themes and programmatic components necessary to develop a consumer-based volunteer program for the HOH. Additionally, the literature was analyzed for contextual factors similar to House of Hope; such as rural location, residential program settings, and chemical dependency. The last step was to create a logic model that illustrates inputs, outputs, and outcomes of a future volunteer program at HOH.

Results of the Literature Review

Figure 1- Theoretical Relationship Model

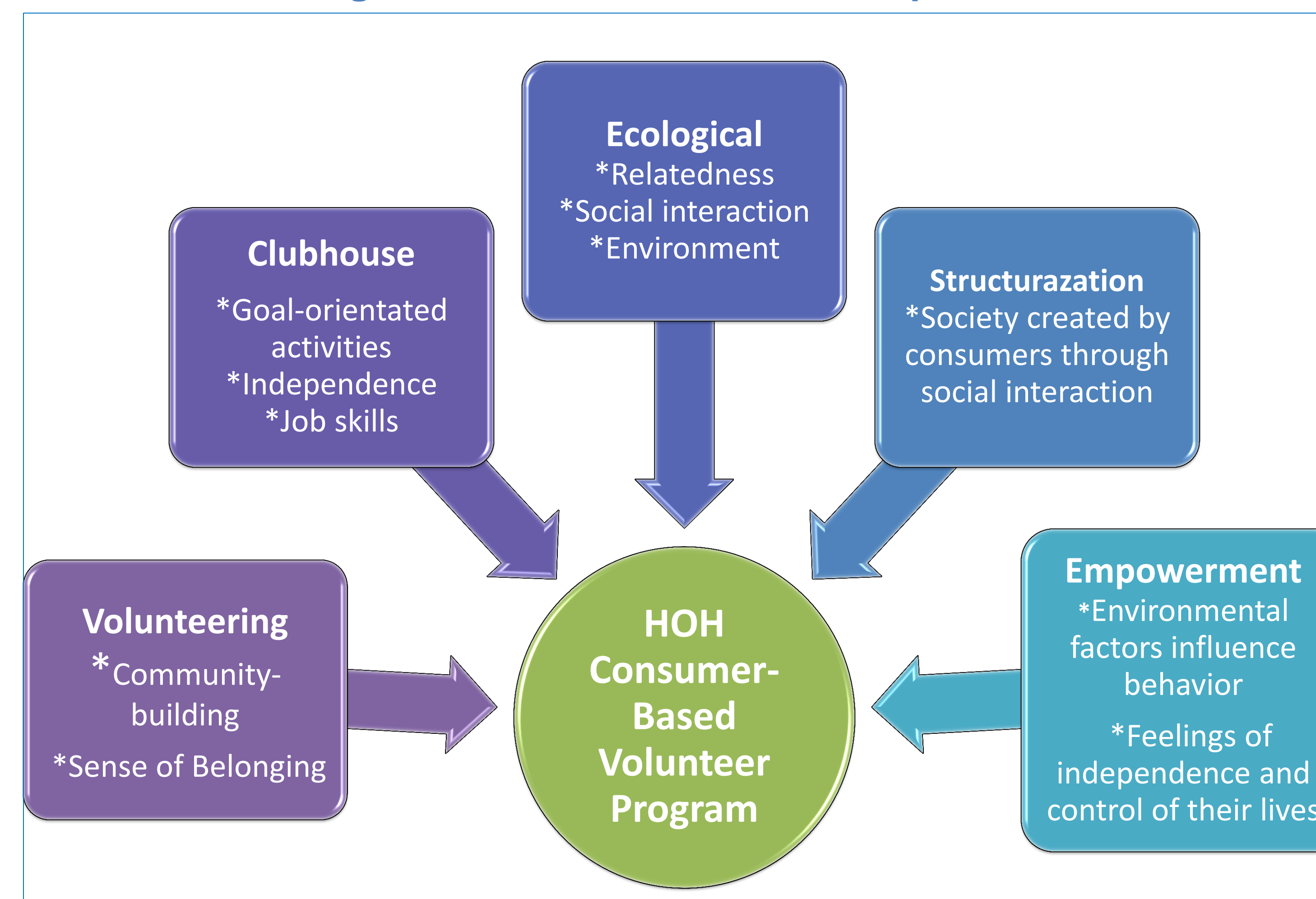


Figure 2- Logic Model



Conclusions & Recommendations

The core principles of the Clubhouse Model, Ecological Theory, Structurazation Theory, and Empowerment Theory should be combined when creating a volunteer program at HOH. All of these theories emphasize strong values, community involvement, fostering social relationships, building independence and reducing dependence on professionals. Utilizing these theories in combination successfully will encourage consumers to find a purpose in their social environment that supersedes their mental illness and chemical dependency. By volunteering at HOH, consumers will learn both work and social skills necessary to reintegrate into society with confidence and pride.

Main Components:

- In House Activities
- Volunteer Placements
- Staff Encouragement
- Dedicated Staff Members
- Clear Program Goals
- Staff Transparency
- Education & Training of the Clubhouse Model
- Voluntary Enrollment

Implications for Practice, Strengths and Limitations

Positive volunteer outcomes can be achieved if volunteers and volunteer roles are matched appropriately and have been found to be beneficial for clients of all races, ethnicities, ages, and genders. However, there are rural and urban factors that affect consumers in residential treatment settings. Treatment of consumers with DD who live in poor urban areas require more need for housing resources, higher levels of service cooperation, and coordination efforts with the criminal justice system (Mueser, Essock, Drake, Wolfe & Frisman, 2001). Rural clients have greater struggles with employment and volunteer opportunities (Blank & Jodl, 1996). Ethnic and cultural diversity among consumers and the value of volunteering in a rural community points to the need for greater scholarly attention to the volunteer behavior of these various groups and their respective cultures. There is very little research concerning the benefits of volunteering for consumers of residential treatment programs. Social workers and chemical dependency professionals have an ethical commitment to not only provide programming that encourages self-determination, independence, and empowerment in their clients, but they have an ethical duty to share research with other professionals in the recovery community..

References

References are available from the author upon request.

